

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LIFT LEADING ILLINOIS FOR TOMORROW</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625525	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Adelstein &amp; Associates</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>		
Mailing Address 222 W. Ontario, Ste 600			Amount <b>396500.00</b>		
City Chicago	State IL	Zip Code 60654	Transaction ID : <b>SE.4227</b>		
Purpose of Expenditure TV Ads		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2016</b>		
Name of Federal Candidate Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Adelstein &amp; Associates</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2016</b>		
Mailing Address 222 W. Ontario, Ste 600			Amount <b>303225.00</b>		
City Chicago	State IL	Zip Code 60654	Transaction ID : <b>SE.4230</b>		
Purpose of Expenditure TV Ads		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2016</b>		
Name of Federal Candidate Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>699725.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>699725.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Harris, Michelle, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 01 / 2016**

Signature